EXHIBIT A

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Document Has Been Updated

AHS MLP H & P General Admission (TH)

Patient: **MATTILA, MILDA E** **MRN: (aac)-009205550** **FIN: 011834378-2362**
Age: **87 years** Sex: **Female** DOB: **11/7/1925**
Associated Diagnoses: **None**
Author: **Burroughs PA-C, Denise M**

AHS Internal Medicine History and Physical

Documentation by: Physician Assistant
Attending Physician: Dr. R. Ibrahim

Supervising Physician Comments
Documentation
By: Physician Assistant.

Admission Information
CC: IV antibiotic/antifungal, ventilator wean, deconditioning

History of Present Illness
The patient is an 86-year-old Caucasian female with past medical history of dementia, GERD, Barrett's esophagus, arthritis, TIA and hypertension Who was admitted for fungal meningitis complicated by epidural abscess and admitted to the MICU with early sepsis and possible c.diff pancolitis. Prior to this admission, Mrs. Matilla was admitted to the hospital in early October after receiving a contaminated epidural steroid injection and developing fungal meningitis. Therapy was initiated with IV Voriconazole and Ambisome. In late October she subsequently developed and episode of altered mental status requiring a brief admission to the MICU which resolved with out intervention and was discharged to Canton ECF. Readmitted (10/5/12)for evaluation of fungal mennigitis and She subsequently was found to have an epidural abscess and underwent an L4-S1 laminectomy for decompression and abscess drainage (11/12/2012). She remained in the hospital after this on voriconazole and ambisome, but develeoped a UTI w/ urine cultures growing psudomonas in late november. She subsequently received a 3 day course of cefipime. that ended on Novermber 25th. Abdominal CT (12/3/12)revealed pancholitis and stool positive (12/4/12)for C. diff colitis. Placed on p.o. vancomycin. Patient was intubated on 12/06/2012 due to impending respiratory failure and being unable to tolerate spont mode/weakness, patient trached on 12/13/2012 due to ventilator dependent respiratory failure. Patient on nasogastric (NG) tube feeds, peg tube placed ((12/19/12)for enteral access. Patient slowly improved and being stable was transfered to Select hospital for continuation of IV antifungals/oral antibiotics, ventilator weaning and deconditioning.

Past Medical History
Past Medical Hx
Active
Clostridium difficile (10871012): Onset in 2012 at 87 years.
Resolved
GERD - Gastro-esophageal reflux disease (2535970019): Resolved.
Hypertension (64176011): Resolved.
Dementia (87274019): Resolved.
Arthritis (7278014): Resolved.

Muscle weakness (44445016): Resolved.
Dehydration (56942018): Resolved.

Surgical History
Surgical/Procedure Hx
Gallbladder absent (441386014).
Eye (135599015).
Appendectomy (132967011).

Health Status
Allergies
Allergic Reactions (All)
Severity Not Documented
Cipro- No reactions were documented.
Codeine- No reactions were documented.

Medication List (Selected)
Prescriptions
Ordered
Atrovent 0.02% Inh Sol: 500 mcg, Nebul, Resp BID, 60 Each
Benadryl 25 mg oral tablet: 1 Tab, PO, Q6h, 30 Each, PRN: Itching/Pruritus
Chlorhexidine 0.12% Oral Rinse: 15 mL, Swish&Spit, Q12h, 60 Each
Fat Malabsorption Formula: See Instructions, Enteral Tube Q24h, 1 Each
Ferrous Sulfate Elixir: 300 mg, PO, Daily, 30 Each
Fluticasone 50 mcg Nasal Spray: 1 Spray, Nares-Both, BID, 60 Each
Miconazole 2% Powder: 1 Appl, Topical, BID, 60 Each
Morphine Inj: 2 mg, IV Push, Q4h, 30 Each, PRN: Pain - Mild
Protein Modular: 30 mL, Enteral Tube, Q24h, 1 Each
Triamcinolone 0.1% Oint: 1 Appl, Topical, BID, 60 Each
Ultram 50 mg oral tablet: 1 Tab, PO, Q6h, 30 Each, PRN: Pain - Moderate
Voriconazole Inj: 150 mg, IV, Q12h, 56 Each
Zofran 2 mg/ml injectable solution: 2 mL, IV Push, Q6h, 30 Each, PRN: See Comments
heparin: 5,000 Unit, Subcut, Q12h, 60 Each
insulin regular SHORT-Acting: Per Sliding Scale, Subcut, Q6h, 30 Each
sodium bicarbonate 650 mg oral tablet: 2 Tab, PO, Q12h, 60 Each
vancomycin 125 mg oral capsule: 1 Cap, PO, Q6h, 65 Cap
Documented Medications
Ordered
Caltrate: 1,200 mg, PO, BID, Each
Centrum: PO, Daily, Each
Isopto Tears: 1 Drop, Eyes-Both, QID, Each
Protonix: 40 mg, PO, Daily, Each
acetaminophen: 650 mg, PO, Q4h, Each, PRN: Pain-Mild/Fever greater than 100.4 (38C)
albuterol 2.5 mg/3 mL (0.083%) inhalation solution: 2.5 mg, 3 mL, Inhalation, Q4h, 120 Each, PRN: Shortness of Breath

Review of Systems
Patient unable to cooperate with this part of the exam.

Family History
Positive for strokes.

Social History
Denies smoking, drinking or illicit drug usage. Prior to admission, the patient was residing at Regency in Canton

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at rehabilitation mildly dependent on her ADLs.

Social History (from Forms)

Smoking Status	Never Smoker
How Often Do You Drink ..	Never (0)
How Often Do You Drink ..	Never (0)
Social Hx 13 Years Olde..	Yes
Smoking Status	Never Smoker

Physical Examination

Vital Signs: T98.0, HR 94, RR 27, BP 179/80

Gen: trach/peg in place on trach collar, nad, sleeping, opens eyes to verbal, tracks.
HENT: NC/AT
Eyes: anicteric, normal conjunctivae
CV: RRR, no m/r/g
Lungs: scattered rhonchi, mech BS
Abd: soft, nt, mildly distended, nabs
Ext: 2+ edema/anasarca improving
Skin: 5"x4" mpm b;amcomg area around cocyx with stage 2 pressure ulcer in center. Lumbar incision clean/dry and intact.
Neuro: CN grossly intact, squeezes hands to command

Results Review

General Results

Radiology : RADIOLOGY

12/26/2012 9:05 EST	XR Chest 1 View	REPORT
12/21/2012 6:03 EST	XR Abdomen 1 View	REPORT

Impression and Plan

Impression and Plan

Diagnosis

C. difficile colitis (ICD9 008.45, Working, Medical).
Fungal meningitis (ICD9 117.9, Working, Medical).
Ventilator dependence (ICD9 V46.11, Working, Medical).
Physical deconditioning (ICD9 728.2, Working, Medical).

1.C. diff colitis with H/O septic shock (prior facility)
- CT from admitting facility showed evidence of pancolitis and stool positive for c.diff.
- Cont. po vanco, ID was on consult, Dr Moudgal rec on 12/26 to decrease po vanco 500 mg q6h to 125 mg q6h x 1 week, then 125 mg po q12h x 1 week, then 125 mg po qd x 1 week, then 125 mg po qod x 4 weeks.

2. Fungal epidural abscess with H/O L5-S1 abscess drainage with laminectomy on 11/12/12 with Dr Thomas.
- Will need to postop f/u assessement in 6 weeks. Neurosurgery consulted.
- Continue voriconazole IV 150 mg q12hr indefinitely per ID Dr Moudgal, who will continue to follow (ID

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cosulted).
- follow EKG q48h while on Voriconazole for Qt prolongation
- follow daily LFT's while on voriconazole.
- follow weekly voriconazole levels, last level on 12/26 was not drawn as a trough (right before voriconazole administration) per pharmacy. Repeat voriconazole trough drawn tonight (ordered).

3. Encephalopathy, unclear etiology -- ? Critical illness myopathy
- At previous admitting facility, Neuro consulted . EEG negative for subclincal seizures
- Resolving.

4. Ventilator dependent Respiratory Failure
- Pt required trached (12/13/2012) and PEG tube(12/19/12)
- has been on trach collar during the day and sometimes needs to go on spont during the day if she tired out, and AC vent at night.
- cont iv bumex 0.5 mg BID for vol overload.
-ID rec against treating pseudomonas in sputum or urine unless has frank new infection (i.e. fever, leukocytosis, new infiltrate).
- has had intermittent low grade temps, but repeat CXR stable on 12/22, and wbc count has been relatively stable in 11-13 range.
-Cont NMT's with albuterol/atrovent.
-Respiratory Therapy to eval and treat

5. Normocytic anemia
-T&S sent, iron studies show iron sat 14%, likely iron def and chronic disease.
-no signs of active bleeding. stool occult blood neg
-Receiving Iron supplementation.
-transfused 1 unit prbc 12/24 given bp on low side, appeared fatigued, had been in 8-10 range earlier in admission. now increased to 9 range, pt appears to have perked up and BP increased afterwards.

Code Status: Full Code
DVT prophylaxis: Subq heparin
FEN: cont tube feeds via peg
Dispo: To be determined

Primary MD- Dr. Catherine Upton
Pt. Contact: 1st: Charlene (daughter) 734-233-7225. 2nd (if Charlene not available) Carol (daughter) 734-612-6017.

This patient was seen and discussed with Dr. R. Ibrahim , AHS internal medicine attending physician, who agrees with the above plan and management.

Completed Action List:
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* Perform by Burroughs PA-C, Denise M on 27 December 2012 17:06 EST
* Sign by Burroughs PA-C, Denise M on 27 December 2012 17:06 EST
* VERIFY by Burroughs PA-C, Denise M on 27 December 2012 17:06 EST
* Modify by Burroughs PA-C, Denise M on 27 December 2012 17:09 EST
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History & Physical MATTILA, MILDA E - (aac)-009205550

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* Sign by Burroughs PA-C, Denise M on 27 December 2012 17:09 EST

Result type:	History & Physical
Date:	27 December 2012 15:04 EST
Result status:	Modified
Result title:	AHS MLP H & P General Admission (TH)
Performed by:	Burroughs PA-C, Denise M on 27 December 2012 17:06 EST
Verified by:	Burroughs PA-C, Denise M on 27 December 2012 17:06 EST
Encounter info:	011834378-2362, (AA) SJMH, Long Term Acute (P2), 7/27/2012 -